

SPECIAL INSTRUCTIONS*Please read the instructions carefully before completing this form.*

SECTION ONE: MEMBER INFORMATION (To be completed by member.) Please complete, sign, and date Section One then mail the forms to your former retirement system. Complete a separate form for each retirement system to which you made contributions and earned service credit. You will also need to provide California State Teachers' Retirement System (CalSTRS) with the name of your former retirement system and the name and address of your former employer. The following example is provided to assist you in completing the parts of Section One that pertain to your former retirement system and former employer:

Example*Employer Information (one form for each employer)*

<u>Oak Hill School District</u>	<u>Michigan Public School Employees Retirement System (MPERS)</u>
Name of Former Employer	Name of Former Retirement System
<u>1414 S. Broadway</u>	<u>(000) 123-4567</u>
Address of Former Employer	Daytime Phone Number
<u>Goshen, Michigan 48899</u>	<u>(000) 123-4567</u>
City, State/Zip	Evening Phone Number

SECTION TWO: CREDITED SERVICE INFORMATION (To be completed by member's former retirement system.) Section Two verifies the amount of service credit earned by the member's former retirement system. If the member's exact dates of service cannot be certified by the retirement system, specifically question No. 3, please forward this document to the member's former employer for this information. The address of the member's former employer is in Section One of this document. It is not necessary for the retirement system to specify exact months of service in responding to question No. 3. Please see the following example:

Example

3. Please enter dates of service: From: 03/94 To: 01/99

If Item No. 3 can be completed by the member's former retirement system, return the documents to CalSTRS. It is not necessary to forward this document to the member's employer.

SECTION THREE: SERVICE INFORMATION (To be completed by member's previous employer only if Section Two cannot be completed by former retirement system.) At the request of CalSTRS, this document is forwarded to the member's employer to complete Section Three. Section Three asks for specific information regarding the member's employment. After completing Section Three, please return all documents to CalSTRS.

Attention Member:

To comply with your request to purchase out-of-state service credit, please complete Section One below and send these forms to your former retirement system. Your former retirement system will be asked to complete Section Two of this form and return the completed forms to **CalSTRS, Post Office Box 15275, Sacramento, CA 95851-0275**. Upon receipt of all required information, CalSTRS will prepare a billing statement. Section Three must be completed by your former (out-of-state) employer only if your retirement system is not able to verify employment information in Section Two.

SECTION ONE: MEMBER INFORMATION (To be completed by member.)

NOTE: Complete one form for each (former) retirement system.

Member Information

Member's Name (including any previous names used)	Social Security Number	Date of Birth
Address	()	Daytime Telephone Number
City, State/Zip	()	Evening Telephone Number

Employer Information (one form for each employer)

Name of Former Employer	Name of Former Retirement System
Address of Former Employer	()
City, State/Zip	Phone Number

Amount of out-of-state service that you wish to purchase (not to exceed 10 yrs): _____ years.

Dollar amount (if any) that you wish to roll over from your former retirement system to CalSTRS \$_____.

By agreeing to purchase the amount of service credit indicated above, I fully understand that I am forfeiting all benefits from my former retirement system. I hereby authorize the above named system and/or employer to release any information concerning my service and/or account balance to the CalSTRS, as listed above, in connection with my application to purchase out-of-state service credit.

Member Signature _____ Date _____

Attention Retirement System Administrator:

The CalSTRS member referred to in Section One of this document has requested information concerning the possible purchase of out-of-state service credit towards retirement with CalSTRS. The service credit in question pertains to your retirement plan or an equivalent plan. Please complete Section Two for CalSTRS to determine the cost for the interested member. After completing the information in Section Two, return this document to **CalSTRS, Post Office Box 15275, Sacramento, CA 95851-0275**. If you are unable to complete Section Two, Item No. 3, please forward this document to the individual's former employer whose address is listed in Section One. Thank you for providing CalSTRS with the requested information.

SECTION TWO: CREDITED SERVICE INFORMATION (To be completed by retirement system.)

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Member's Name</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Member's Social Security Number</div>
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1. Was this individual ever a member of your retirement system?*(If the answer is "NO," Please STOP and return all forms to CalSTRS.)*

☐ Yes ☐ No
2. Did this member receive credit in your plan for service performed in public education?*(If the answer to this question is "NO", please explain the type of service performed.)*

☐ Yes ☐ No
3. Please enter dates of service (Month/Year). From: _____ To: _____.
(See instructions on Page 1, SECTION TWO regarding item 3.)
4. Did this member forfeit the right to all benefits under from retirement system?

☐ Yes ☐ No

Date of refund: _____.

Amount of service credit cancelled by refund: _____.
5. If this member does not return to teaching in your state, will he/she be eligible to receive a benefit from your system? *If the answer to this question is "Yes," please explain in the space below. CalSTRS does not allow members to purchase service credit if the member is entitled to retirement benefits under the previous employer's retirement plan.*

☐ Yes ☐ No
6. If the individual is still a member of your retirement system, how many years of service does the member have credited in your system and what is the total amount of contributions and interest on account at this time?

Service Credit: _____ years. Contributions and Interest \$ _____.

I certify that the information provided in Section Two of this document was taken from the official records of this system.

Name of Retirement System

(_____) _____
Telephone Number

Name of Retirement System Representative (please print)

Title

Signature of Retirement System Representative

Date

Attention Former Employer:

The CalSTRS member referred to in Section One of this document has requested information concerning the purchase of out-of-state service credit. For CalSTRS to comply with the member's request, employment verification is needed from your organization. This document has been forwarded to you by the member's (former) retirement system to verify his or her employment history. Please complete Section Three below and return all documents to **CalSTRS, Post Office Box 15275, Sacramento, CA 95851-0275**. Thank you for providing CalSTRS with the requested information.

SECTION THREE: SERVICE INFORMATION (To be completed by employer only if Section Two cannot be completed by the former retirement system.)

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Member's Name</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Member's Social Security Number</div>
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Employment History by Month and Year (E.G., 9/70 - 6/71)	Number of Full-time Base Days in School Year	Number of Base Days Member Worked in School Year	Service Credit Earned

<i>I certify that the information provided in Section Three of this document was taken from the official records of this system.</i>	
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Name of Former Public Employer</div>	<div>(____) _____</div> <div>Telephone Number</div>
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Name of Public Employer Representative (please print)</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Title</div>
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Signature of Public Employer Representative</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Date</div>